## L1000007777777

. . . .

| (Requestor's Name)  |  |  |  |  |
|---|--|--|--|--|
| Elaine Roman<br>9671 NW 391h SI.<br>Hollywood FL 33024-8045 |  |  |  |  |
| ,   |  |  |  |  |
| (City/State/Zip/Phone #)                                    |  |  |  |  |
| PICK-UP WAIT MAIL   |  |  |  |  |
| (Business Entity Name)                                      |  |  |  |  |
|   |  |  |  |  |
| (Document Number)   |  |  |  |  |
| Certified Copies Certificates of Status                     |  |  |  |  |
| Special Instructions to Filing Officer                      |  |  |  |  |
| A LUNT<br>AUG 11 2010<br>EXAMINER                           |  |  |  |  |

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Office Use Only

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Therapuetic Specialists, LLC<br>( <u>Name of the Limited Liability Company as it now appears o</u><br>(A Florida Limited Liability Company) | n our records.)       |                        |
|---|-----------------------|------------------------|
| The Articles of Organization for this Limited Liability Company were filed on<br>Florida document numberL10000077777                        | 7/22/2010             | and assigned           |
| This amendment is submitted to amend the following:   |                       |                        |
| A. If amending name, enter the new name of the limited liability company here:  |                       |                        |
| Therapeutic Specialists, LLC  |                       |                        |
| The new name must be distinguishable and end with the words "Limited Liability Company, "L.L.C."  | " the designation "LL | C" or the abbreviation |
| Enter new principal offices address, if applicable:   |                       |                        |
| (Principal office address MUST BE A STREET ADDRESS)   |                       |                        |
|   |                       |                        |
|   |                       |                        |
| Enter new mailing address, if applicable:   |                       |                        |
| (Mailing address MAY BE A POST OFFICE BOX)  |                       | <u>₽</u>               |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| New Registered Office Address: |           |                      |
|--------------------------------|-----------|----------------------|
|                                | Enter Fle | orida street address |
|                                |           | , Florida            |
| . –                            | City      | Zip Code             |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

## MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u>                 | Address  | Type of Action    |
|--------------|-----------------------------|--|-------------------|
|              |                             |  | Add Add Remove    |
|              |                             |  | Add               |
|              |                             |  | Add<br>Remove     |
|              |                             |  | Add<br>Remove     |
|              |                             |  | Remove            |
|              |                             |  | Add<br>Remove     |
| D. If amend  | ding any other information. | enter change(s) here: (Attach additional sheets                        | s, if necessary.) |
|              |                             |  |                   |
|              |                             |  |                   |
| Dated        | August 3                    | <u>2010</u>  |                   |
|              | Signatur                    | e of a member or authorized representative of a mem<br>Kristin Murillo |                   |
|              |                             | Typed or printed name of signee  |                   |
|              |                             | Page 2 of 2  |                   |

Filing Fee: \$25.00